



DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
**GUAM BOARD OF BARBERING AND COSMETOLOGY**

Mailing: 123 Chalan Kareta, Mangilao, GU 96913  
 Physical: 194 Hernan Cortez Ave, Ste 213, Hagatna, GU 96910



## LICENSURE RENEWAL APPLICATION

### APPLICATION CHECKLIST

Ensure the entire application is complete.  
**INCOMPLETE APPLICATION WILL NOT BE PROCESSED.**  
**Renewals will be processed every FRIDAY.**

Licenses will be available for pick up the following week on the below dates:  
 Monday through Thursday, 8am – 11am and 1pm – 4pm.

**Complete the entire application** and attach expiring or expired license.

**For local payments – all fees must be paid at the any Treasurer of Guam (DPHSS Mangilao Cashier, ITC, Dept of Revenue and Taxation, One Stop)**

**For Off-Island Licensees – (DO NOT SEND CASH).**

- Please submit a check or money order payable to: "TREASURER OF GUAM"

**Two 2 ½ x 2 ½ size picture** taken within the last 60 days (**white background only**)  
Please print your name, sign, and dated at the back of photo.

Continuing Education Report **must be** fully completed and signed.  
**Certificate of Completion must be attached with CE Report.**

Any additional forms or requests required based on your responses on the application.

BOARD MEMBER SIGNATURE	ACTION	DATE	COMMENTS
	Approved/Disapproved		
	Approved/Disapproved		
	Approved/Disapproved		
	Approved/Disapproved		



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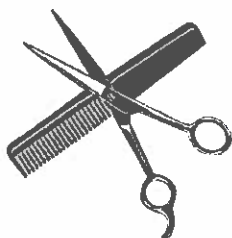
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Please print your name, sign, and dated at the back of photo.

Continuing Education Report **must be** fully completed and signed.  
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Surrender the old (expired) license card.

Any additional forms or requests required based on your responses on the application



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**LICENSE RENEWAL APPLICATION**

License Number:

**INSTRUCTIONS:** Please check (✓) one of the following:

- |  |  |  |                                     |
|--|--|--|-------------------------------------|
| <input type="checkbox"/> Cosmetologist (Grandfather) | <input type="checkbox"/> Cosmetologist | <input type="checkbox"/> Manicurist    | <input type="checkbox"/> Barber     |
| <input type="checkbox"/> Barber (Grandfather)        | <input type="checkbox"/> Esthetician   | <input type="checkbox"/> Electrologist | <input type="checkbox"/> Instructor |

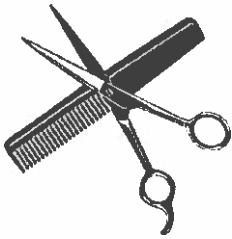
**Please print or type. Incomplete applications will NOT be processed.**

Name: (Last Name, First Name, Middle Initial)		Telephone Number:	
Social Security Number:		Date of Birth:	
Email Address:		Place of Employment/Telephone Number:	
Mailing Address:			
Home Address if different from Mailing Address:			
<b>Please answer the following questions based on your last initial or renewal application:</b>			
1.	Have you been convicted of a crime (misdemeanor or felony), on Guam or any state, by the federal government or by any other jurisdiction within the past ten years?	Yes	No
2.	Is there a criminal complaint, accusation or information presently pending against you or are you currently under indictment, on Guam or any state, by the federal government or by any other jurisdiction?	Yes	No
3.	Has any professional or occupational license, certification or permit held by you been fined, suspended, revoked, refused or denied, on Guam or any state, by the federal government or by any other jurisdiction?	Yes	No
4.	Have you ever had a civil order, verdict or judgment entered against you in any court of competent jurisdiction, on Guam or any state, by the federal government or by any other jurisdiction?	Yes	No
<b>Attach a letter of explanation for any "Yes" answer. Include the charge, date of conviction, civil judgment or order, county jurisdiction, state and disposition of charges.</b>			

**I certify under penalty of perjury under the laws of Guam that the information above and all information submitted with the renewal application is true and correct. Further, I have completed the required continuing education requirements for my license renewal as stipulated in Public law 30-152 §18128.4**

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE



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**RECORD OF PAYMENT**

**I. IDENTIFICATION**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**II. Verification of Licensure:** Please print the complete name used on original license and your social security number

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**III. Fee:** Pursuant to P.L. 25-188 Section 18124, The Board shall promulgate rules and regulations to charge for fees for examination, licensure and renewal of licensure and Penalties, as appropriate, in accordance with the Administrative Adjudication Law.

- |   |           |
|---|-----------|
| 1. ( ) Examination and Registration as a Cosmetologist, Electrologist, Manicurist, or Esthetician ..... | \$ 20.00  |
| 2. ( ) Re-Examination as a Cosmetologist, Electrologist, Manicurist, or Esthetician .....               | \$ 10.00  |
| 3. ( ) Examination and Registration as an Instructor .....  | \$ 20.00  |
| 4. ( ) Re-Examination and Registration as an Instructor .....   | \$ 10.00  |
| 5. ( ) Renewal of Certificates .....  | \$ 4.00   |
| 6. ( ) Cosmetological Establishment License and Certificate .....                                       | \$ 20.00  |
| 7. ( ) Renewal of Cosmetological Establishment License .....  | \$ 4.00   |
| 8. ( ) School of Cosmetology License and Certificate .....  | \$ 100.00 |
| 9. ( ) Renewal of School of Cosmetology License and Certificate .....                                   | \$ 25.00  |
| 10. ( ) Photocopy of record per page .....  | \$ 1.00   |
| 11. ( ) Initial Application Fee for Japanese Cosmetologist (P.L.30-152 / §18115.1) .....                | \$ 200.00 |
| 12. ( ) Annual Special License Fee for Japanese Cosmetologist (P.L.30-152 / §18115.1) .....             | \$ 800.00 |
| 13. ( ) Late Renewal Fee .....  | \$ 20.00  |

**NOTE:** All checks and money order must be made payable to "Treasurer of Guam". Present this form with payment to the Cashier at Public Health of Treasurer of Guam Office then return the processed form to GBBC. Off-island applicants, return this form with your payment to GBBC at the above address. **ALL LICENSES/CERTIFICATES ARE NON-TRANSFERRABLE. ALL FEES ARE NON-REFUNDABLE.**

**FOR OFFICE USE ONLY:** Form of Payment: ☐ Cash ☐ Check ☐ Money Order ☐ Credit Card

Field Receipt # \_\_\_\_\_ Date Paid: \_\_\_\_\_



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**RECORD OF PAYMENT**

**IV. IDENTIFICATION**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Signature: \_\_\_\_\_

**CASHIER COPY**

**V. Verification of Licensure:** Please print the complete name used on original license and your social security number

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**VI. Fee:** Pursuant to P.L. 25-188 Section 18124, The Board shall promulgate rules and regulations to charge for fees for examination, licensure and renewal of licensure and Penalties, as appropriate, in accordance with the Administrative Adjudication Law.

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